

**Application Data Sheet**

**Application Information**

Application number::	
Filing Date::	
Application Type::	Regular (371 National Entry)
Subject Matter::	Utility
Suggested Classification::	
Suggested Group Art Unit::	
CD-ROM or CD-R?::	None
Number of CD disks::	
Number of copies of CDs::	
Sequence submission?::	Yes – Sequence Listing Transfer
Computer Readable Form (CRF)?::	<u>Yes</u>
Number of copies of CRF::	
Title::	METHODS FOR DIAGNOSIS AND PROGNOSIS OF CANCERS OF EPITHELIAL ORIGIN
Attorney Docket Number::	701039-054482 <u>CMC-011</u>
Request for Early Publication::	No
Request for Non-Publication::	No
Suggested Drawing Figure::	1
Total Drawing Sheets::	7
Small Entity?::	Yes
Latin name::	
Variety denomination name::	
Petition included::	No
Petition Type::	
Licensed US Govt. Agency::	
Contract of Grant Numbers::	
Secrecy Order in Parent App.?::	No

## APPLICANT INFORMATION

Applicant Authority Type::	Inventor
Primary Citizenship Country::	US
Status::	Full Capacity
Given Name::	Marsha
Middle Name::	A.
Family Name::	Moses
Name Suffix::	
City of Residence::	Brookline
State or Province of Residence::	MA
Country of Residence::	US
Street of mailing address::	64 Dean Road
City of mailing address::	Brookline
State or Province of mailing address::	MA
Country of mailing address::	US
Postal or Zip Code of mailing address::	02445
Applicant Authority Type::	Inventor
Primary Citizenship Country::	IN
Status::	Full Capacity
Given Name::	Roopali
Middle Name::	
Family Name::	Roy
Name Suffix::	
City of Residence::	Attleboro <u>Newton</u>
State or Province of Residence::	MA
Country of Residence::	US
Street of mailing address::	300 O'Neil Blvd., Apt#6 <u>412 Langley Road,</u> <u>Apt#7</u>

City of mailing address::	Attleboro <u>Newton</u>	
State or Province of mailing address::	MA	
Country of mailing address::	US	
Postal or Zip Code of mailing address::	02703-5121 <u>02459</u>	
<b>Correspondence Information</b>		
Correspondence Customer Number::	50828 <u>051414</u>	
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City of mailing address::	Boston	
State or Province of mailing address::	MA	
Country of mailing address::	US	
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Phone number::	(617) 345-1000 X6057 <u>617-570-1000</u>	
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<b>Representative Information</b>		
Representative Customer Number::	50828 <u>051414</u>	
Or		
Representative Designation::	Registration Number::	Representative Name::
Attorney of Record	30,628	Ronald I. Eisenstein
Attorney of Record	34,235	David S. Resnick
Agent	L0207	Leena H. Karttunen
Agent	58,109	Candace M. Summerford
Attorney	30,727	Michael L. Goldman

<b>Domestic Priority Information</b>			
Application::	Continuity Type::	Parent Application::	Parent Filing Date::

This Application	371 National Stage of	PCT/US2005/000714	01/10/05
PCT/US2005/000714	An application claiming benefit under 35 USC 119(e)	60/535,306	1/9/04

<b>Foreign Priority Information</b>			
Country::	Application number::	Filing Date::	Priority Claimed::

<b>Assignee Information</b>			
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Assignee name::	Children's Medical Center Corporation
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Street of mailing address::	55 Shattuck Street
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City of mailing address::	Boston
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State or Province of mailing address::	MA
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Country of mailing address::	US
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Postal or Zip Code of mailing address::	02115
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